

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>							SERIAL NO. _____ FILING DATE _____
							APPLICANT(S) _____
<b>CLAIMS</b>							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	3	↓		↓		↓	
TOTAL DEP.	14	←		←		←	
TOTAL CLAIMS							
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TOTAL IND.		↓		↓		↓	
TOTAL DEP.		←		←		←	
TOTAL CLAIMS							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS